

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028110

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4182

STATE FILE NUMBER

FILED AUG 14 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

3 months

c. FULL NAME OF (If NOT in hospital, give location) Home

Forest Ave. Nursing

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ray

c. CITY

Richmond

d. STREET ADDRESS

324 E. Black Diamond

(If outside, give location)

Yes ☐ No ☒

Inside Limits

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Walter

First

Allen

Last

Allen

Month

July

Day

24

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12/10/85

## 9. AGE (last birthday)

77

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

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## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired miner

## 10b. KIND OF BUSINESS OR INDUSTRY

Coal

## 11. BIRTHPLACE (City and state or country)

Ray county, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Allen

## 13b. MOTHER'S MAIDEN NAME

Betsie Anderson

## 14. NAME OF HUSBAND OR WIFE

Lida Allen, deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Edith Lockhart, Richmond, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

CORONARY Occlusion  
Chronic Myocarditis  
Arteriosclerosis

#### INTERVAL BETWEEN ONSET AND DEATH

1 day

4 years

8 years

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m.

## 20f. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

## 20g. CITY, TOWN, OR LOCATION

## 20h. COUNTY

## 20i. STATE

## 20j. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20k. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

## 20l. CITY, TOWN, OR LOCATION

## 20m. COUNTY

## 20n. STATE

## 21. I attended the deceased from 4-27-63 to 7-24-63 and last saw her alive on 7-24-63

Death occurred at 8:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Frank Paul Laurensana m.p.

## 22b. ADDRESS

428 South White Ave

## 22c. DATE SIGNED

7-24-63

## 23a. JOURNAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

7/24/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Richmond Cemetery

## 23d. LOCATION (City, town, or county)

Richmond, Missouri

## 23e. STATE

## 24. FUNERAL DIRECTOR

Thomas J. Carter, Richmond, Mo.

## 25. DATE RECD. BY LOCAL REG.

7-26-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

AUG 14 1904

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14  
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00  
0-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.